

How do ZEISS MyoCare lenses work?

Patented C.A.R.E.® technology (Cylindrical Annular Refractive Elements)

Myopia can be managed by slowing down the eye elongation. Our ZEISS MyoCare designs feature a central clear zone for optical vision correction.

Special **C.A.R.E.® elements** are featured from the edge of the clear zone expanding to the edge of the lens. ZEISS MyoCare lenses are aiming to effectively slow down the eye elongation, showing 70% of efficacy in myopia management as of our Emmetropic Progression Ratio¹ and proven patient acceptance as 96% of kids reported good vision and comparable comfort to ZEISS Single Vision lenses.^{2, 3}

Hyperopic defocus triggers the elongation of the eyeball which leads to further myopisation. Thanks to **ZEISS ClearFocus Design** the back surface of the lens is optimized to give the correct lens power and to minimize unwanted defocus – no matter where the eyes look through the lenses.

**ZEISS MyoCare®**

Central Zone Diameter	7mm
Defocus power	+4.6D

ZEISS MyoCare® S

Central Zone Diameter	9mm
Defocus power	+3.8D

ZEISS MyoCare portfolio supports you to dispense the best myopia management solution, depending on the patient's individual needs.

**Our promise to you:
The ZEISS MyoCare lenses warranty**

- **Power Change:**

One free power change up to 9 months from invoice date.

- **Non-adaptation:**

One free design change to ZEISS MyoCare S or SmartLife Young within 1 month from invoice date.

Available Materials and Power Range - FSV Stock

ZEISS MyoCare Lenses	Finished Single Vision (FSV) Stock
Diameter	70
Power Range	Plano to -6 including CYL up to +2
MyoCare / MyoCare S available index	1.59

Available Materials and Power Range - Rx (Special Order) in
ZEISS MyoCare / ZEISS MyoCare S Lenses

Available Index	Diameter	Max. Power Range	
		Sph / Sph-Cyl	Max. Cyl
1.5	73	-6.00	+4.00
1.59	65/70/73	-9.00	+6.00
1.6	65/70/73	-9.00	+6.00
1.67	65/70/73	-10.00	+6.00

Retail Prices ZEISS MyoCare FSV / ZEISS MyoCare S FSV

Clear	1.59
DuraVision Platinum	1,100

Retail Prices ZEISS MyoCare Rx / ZEISS MyoCare S Rx

Clear	1.5	1.59	1.6	1.67
DuraVision Platinum	1,720	1,850	1,850	2,180
DuraVision Kids	1,520	1,650	1,650	1,980

Retail Prices Per Pair in SAR Excl. VAT

Myopia Management Workflow

Mitigation

Assess risk factors

- Ethnicity (Asian)
- Parental myopia (1 or 2 parents are myope)
- Lifestyle (<2 hours outdoors, > 2 hours near work)
- Refractive error less than age-normal cutoffs
 - 6 years: +0.75 D or less
 - 7 to 8 years: +0.50 D or less
 - 9 to 10 years: +0.25 D or less
 - 11 years: emmetropia
- Binocular vision disorders
 - Esophoria
 - High AC/A ratio
 - Lag of accommodation
 - Intermittent exotropia

If no to low risk

- Provide single vision lenses
- Advise on lifestyle modifications
- Monitor annually

If high risk

- Initiate myopia management
- Introduce lifestyle modifications
- Monitor annually or treatment-specific frequency

Measurement

At all visits

- Case history taking relevant to the treatment offered
- Best corrected distance and near visual acuity
- Objective and subjective refraction

Accommodation tests

- lead or lag of accommodation
- amplitude of accommodation
- accommodation facility

Binocular vision tests

- cover/uncover test
- alternate cover test
- worth-4 dot test
- stereopsis

Eye health examination

- **Anterior segment assessment** using a slit lamp
- **Fundus examination** using OCT or fundus photography, if available

- **Cycloplegic refraction:** using 2 drops of 1% tropicamide or cyclopentolate given 5 minutes apart. Cycloplegic refraction should be performed 30 to 45 minutes after.
- **Dilated fundus examination:** using an OCT or fundus photography, if available.
- Corneal topography (if fitting contact lenses)

Every 6 months, if available:

- **Axial length measurement** using a non-contact device such as ZEISS IOL Master.

Management

Based on measurements findings, decide on the appropriate management strategy:

- Orthokeratology
- Multi focal soft contact lenses
- Peripheral defocus spectacle lenses
- Low-dose atropine



Monitoring frequency as per management strategy.

Example:

Peripheral defocus spectacle lenses*

- 1 month
- every 6 months



Assess efficacy of management strategy, aim for:

- Less than -0.50 D annual change
- Less than 0.2 mm axial elongation annually

If efficacy is not optimum:

- Reinforce lifestyle changes
- Monitor closely
- Consider combination treatment strategies



Consider cessation of myopia management:

- If progression is stable in past 2 years
- And
- If age ≥ 18 years old



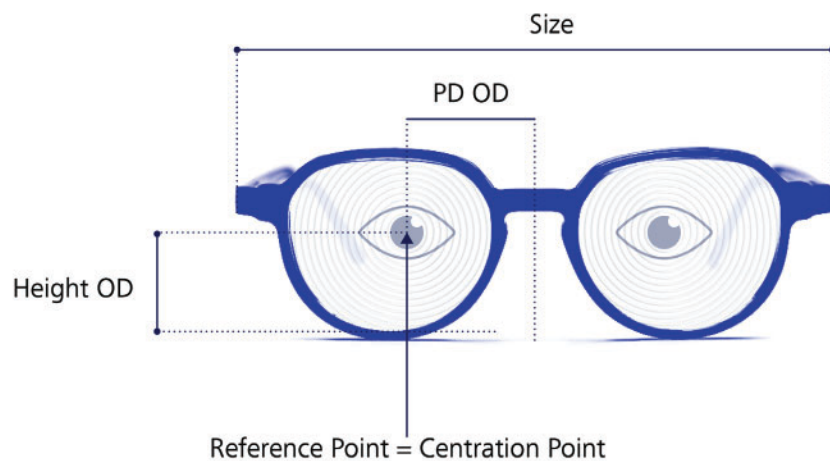
Easy Myopia Management with ZEISS MyoCare Workflow in Few Steps

How to prescribe ZEISS MyoCare?

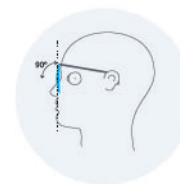
1. Conduct a comprehensive subjective refraction under cycloplegia.
2. Select ZEISS MyoCare or ZEISS MyoCare S based on your myopia management approach and prescribe.
3. Refer your patient to a ZEISS partnering optical store for lens dispensing.
4. Perform a follow-up refraction and, if possible, axial length measurement every 6 months.
5. Ensure the prescription is updated as needed to maintain optimal visual acuity and effective myopia management.
6. Always emphasize the importance of spending more time outdoors and reducing near work time.

How to dispense ZEISS MyoCare?

1. Select a suitable frame well-adjusted to the child's face. Avoid narrow frames.
2. Select a suitable refractive index of ZEISS MyoCare or ZEISS MyoCare S (1.5.1.59.1.6 1.67), stock lens (polycarbonate / 1.59) could be the first pick.
3. Ensure proper centration of the lens' optical center, preferably with a ZEISS Digital Centration Solution for optimized accuracy (pupil distance & height).
4. Check the frame on child's face when dispensing and adjust if necessary, so that clear zone is aligned with pupil.
5. Advise patient to schedule frequent check-ups every 3 months to ensure proper spectacles positioning for optimal myopia management.

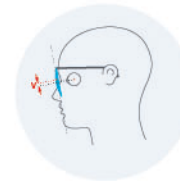


OD: Right Eye, PD: Pupillary Distance



Option 1

1. Align head until lenses are vertical to the floor.
2. Mark pupil center and measure the height.



Option 2

1. Mark pupil center and apply "Rule of Tilt" formula.
2. To lower the height: 2° of pantoscopic angle means 1 mm down of the optical center (max. 5 mm).